

Effective Date: July 1, 2006 – June 30, 2008

CDA SCHOLARSHIP APPLICATION**INDICATE TYPE OF APPLICATION BY ✓ CHECK MARK**

TYPE OF APPLICATION	AMOUNT OF TUITION FUNDS REQUESTED
<input type="checkbox"/> Initial/First Semester (Complete Pages 1, 2, 3)	\$
<input type="checkbox"/> Second Semester (Complete Pages 1, 2, 4)	\$
<input type="checkbox"/> Renewal (Complete Pages 1, 5, 6)	\$

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**I. APPLICANT INFORMATION**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE __ (____) _____ (CHECK ONE) _____ DIPLOMA _____ GED

SOCIAL SECURITY # _____

II. CDA TRAINING PROGRAM

INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE __ (____) _____ DATE CLASSES BEGIN _____

NAME OF INSTRUCTOR _____

This application is to be used only for initial/first, second, or renewal semester. The application for assessment funds is available after completion of 120 clock hr CDA Course.

Applications must be received in our office at least two weeks prior to the beginning of classes to be considered. All scholarships must be approved prior to classes beginning. Faxed applications will not be accepted. We recommend that you keep a copy of this application and all attachments for your files.

ALL APPLICATIONS MUST BE COMPLETE. DO NOT LEAVE ANY BLANKS. INCOMPLETE APPLICATIONS WILL BE DELAYED UNTIL ALL INFORMATION IS PROVIDED.

CDA SCHOLARSHIP APPLICATION

INITIAL/FIRST OR SECOND SEMESTER APPLICATION

- III. CURRENT EMPLOYMENT** You **MUST** be currently employed in a licensed or registered Child Care program and be recommended by the Director/Owner. You must **ALSO** have been employed for at least 90 days in the child care program that recommends you **AND** have completed one of the following: Child Care Orientation Training (CCOT), Arkansas Children's Program Administration Orientation (ACPAO) (Director's Orientation), Pre-Employment Initiative, Family Child Care Provider Orientation or Secondary Child Guidance Management and Services Training.

NAME OF FACILITY _____ LICENSE # _____

TYPE OF FACILITY: ABC _____ HEAD START _____ FAITH BASED _____

NON PROFIT _____ FAMILY CHILD CARE HOME _____

DIRECTOR _____ LICENSED CAPACITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE ____ (____) _____

BEGINNING DATE OF EMPLOYMENT _____

- IV. PURPOSE OF FUNDS REQUESTED** (Please write a paragraph about why you want the CDA Credential.)

V. ASSURANCES BY APPLICANT

I do hereby state and affirm that the application submitted is a true and accurate request and that if awarded the CDA Scholarship, I will utilize the scholarship for the sole purpose of participating in a CDA training program.

I understand that by accepting the CDA Scholarship I may be required to repay part or the entire CDA Scholarship amount if I do not fulfill the requirements as outlined in this CDA Scholarship Application.

Applicant Signature

Date

NOTE: As part of the course work, your CDA Instructor will explain to you information about the CDA Assessment process.

CDA SCHOLARSHIP APPLICATION

INITIAL/FIRST SEMESTER APPLICATION

VI. **ASSURANCES BY PROGRAM DIRECTOR/OWNER**

As Director/Owner of _____
Name of Child Care Program

I approve the application of _____
Name of Employee

as a CDA Scholarship applicant. (If I am a Head Start or ABC for School Success Program, I have attached a verification letter stating that no other State or Federal Funds are available for CDA coursework.)

Director/Owner Signature

Date

This application is to be used for **initial/first** semester and included with Pages 1 and 2.

Please return this application and Attachment B to:

Division of Child Care and Early Childhood Education
ATTN: CDA Scholarship
P.O. Box 1437, Slot S-160
Little Rock, AR 72203

ATTACHMENTS

_____ Signed Agreement, Attachment B (required)

_____ If ABC or Head Start, Letter of Verification stating no other State or Federal Funding is available

Plus one of the following is required:
Please Indicate by ✓ Check Mark

_____ CCOT Certificate of Completion

_____ Director's Orientation/ACPAO Certificate of Completion

_____ Early Care and Education DIRECT

_____ Family Child Care Provider Orientation

_____ Secondary Child Guidance, Management and Services



CDA SCHOLARSHIP APPLICATION
SECOND SEMESTER APPLICATION

VI. PURPOSE OF FUNDS REQUESTED (Please state why you are requesting funds for the 2nd semester.)

VII. INSTRUCTOR CERTIFICATION

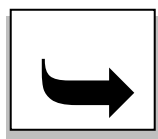
I hereby certify that the applicant for a CDA Scholarship has successfully completed the initial/first semester of training and is eligible to enroll for a second semester in the CDA course.

CDA Instructor Signature

Date

College/Institute

Please return this application to:



Division of Child Care and Early Childhood Education
ATTN: CDA Scholarship
P.O. Box 1437, Slot S-160
Little Rock, AR 72203

This application is to be used for second semester only and included with Pages 1 and 2.

CDA SCHOLARSHIP APPLICATION

RENEWAL COURSE APPLICATION

- III. CURRENT EMPLOYMENT** You **MUST** be currently employed in a licensed or registered Child Care program and be recommended by the Director/Owner. You must **ALSO** have a current CDA Credential.

NAME OF FACILITY _____ LICENSE# _____

DIRECTOR _____ LICENSED CAPACITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE __ (____) _____ BEGINNING DATE OF EMPLOYMENT _____

- IV. PURPOSE OF FUNDS REQUESTED** (Please provide what courses will be taken and how it relates to your work)

V. ASSURANCES BY PROGRAM DIRECTOR/OWNER

As Director/Owner of _____
Name of Child Care Program

I approve the application of _____
Name of Employee

as a CDA Scholarship applicant. I confirm this person is currently working in this licensed/registered Child Care program. This employee has worked consecutively for 90 days or longer.

Director/Owner Signature

Date

This application is to be used for CDA renewal course only and included with Pages 1 and 6.

CDA SCHOLARSHIP APPLICATION

RENEWAL COURSE APPLICATION

VI. **ASSURANCES OF APPLICANT**

I do hereby state and affirm that the application submitted is a true and accurate request and that if awarded the CDA Renewal Course Scholarship, I will utilize the scholarship for the sole purpose of participating in a CDA training program.

I further state and affirm that I will fulfill the following CDA requirements:

I will attend a minimum of 45 clock hours of CDA course work at the CDA Institution identified on this application.

I will complete all required documentation for CDA Renewal as outlined by the Council for Professional Recognition.

I will make application for CDA Renewal to the Council immediately after completion of the required 45 hours of course work and documentation for Renewal.

I will complete the CDA Renewal process.

I understand that by accepting the CDA Renewal Scholarship I may be required to repay part or the entire CDA Scholarship amount if I do not fulfill the requirements as outlined in this CDA Scholarship Application.

Applicant Signature

Date

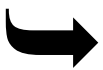
Return this application and a COPY OF YOUR CDA CERTIFICATE to:

Division of Child Care and Early Childhood Education

ATTN: CDA Scholarship

P.O. Box 1437, Slot S-160

Little Rock, AR 72203



Applications must be received in our office at least two weeks prior to the beginning of classes to be considered. All scholarships must be approved prior to classes beginning. Faxed applications will not be accepted. We recommend that you keep a copy of this application and all attachments for your files.

ALL APPLICATIONS MUST BE COMPLETE. DO NOT LEAVE ANY BLANKS. INCOMPLETE APPLICATIONS WILL BE DELAYED UNTIL ALL INFORMATION IS PROVIDED.

Attachment B

CDA

AGREEMENT/ASSURANCES

Effective Date: July 1, 2006 – June 30, 2008

CDA Scholarship Applicant and Child Care Program Owner/Director:

The Department of Health and Human Services, Division of Child Care and Early Childhood Education (DCC & ECE), through the CDA Scholarship program, is committed to improving the quality of early care and education for children in Arkansas. CDA Scholarships are awarded through child care programs to employees recommended by individual programs.

Persons who have completed the required course work and received their CDA Credential are valuable assets to the program, to families and to the community. Here are some benefits to consider:

Benefits to the child care program

- Decrease in staff turnover/increased retention of staff
- Better trained employees who can assume more responsibility for the health, safety and education of children in their care
- Increased family satisfaction
- Improved image in the community

Benefits to the CDA Scholarship Applicant

- Improved competence in working with children and families
- Increased value to the program
- Opportunity to continue with education and receive a degree
- Awarded a nationally recognized credential

To ensure that CDA students successfully complete the required course work and obtain a CDA Credential, an agreement between the scholarship recipient, the owner/director of the child care program and the DCCECE has been developed. The agreement is to be completed and signed by all parties before scholarship funds can be disbursed.

If you have questions, please contact Division of Child Care and Early Childhood Education 501-682-9699 and request to speak with the CDA Coordinator.

Attachment B, continued

Effective Date: July 1, 2006 – June 30, 2008

CDA AGREEMENT between Child Care Facility, Employee/CDA Scholarship Applicant and Representative of Division of Child Care and Early Childhood Education

Child Care Facility

As Director/Owner of _____, I am recommending that

_____ (name of employee) receive a scholarship for CDA

course work at _____ (name of institution.)

I affirm that this employee

- Has a minimum of 90 days work experience at this facility **AND**
- Has completed **ONE** of the following five (5):
 - CCOT (Child Care Orientation Training)
 - Arkansas Children's Program Administration Orientation (ACPAO)
 - Early Care & Education DIRECT
 - Family Child Care Provider Orientation
 - Secondary Child Guidance, Management and Services(CDA Scholarship applicant will attach documentation to the completed application.)
- Has demonstrated the ability to read, write and comprehend written material and to follow written instructions.

By signing below I agree to do the following:

- Arrange with the CDA student a satisfactory work schedule that allows her to attend classes
- Plan with and support the CDA student in implementing in her classroom what she has learned in course work; for example, allowing her to arrange a preschool classroom into learning centers
- Ask the CDA student if she has obtained the CDA Application Packet. If she has not, encourage the student to ask her CDA instructor about it.
- Ask the CDA student if she is receiving guidance in developing the Professional Resource File.
- Help the CDA student to obtain resources such as children's books, supplies and equipment for the classroom
- Read the CDA Observation Instrument before it has been completed by the Advisor in order to know what is expected of my employee

Attachment B, continued

- Allow scheduled visit(s) to my facility and the employee's classroom by a CDA Advisor/Field Trainer for the purpose of recording observations and completing the necessary CDA documentation
- Offer to assist the CDA student distribute and collect the Parent Opinion Questionnaires
- Consider the employee who has received the CDA Credential for promotion and/or salary increase as these opportunities become available in my program
- Make the DCCECE aware of any concerns I might have about the CDA student, Instructor, Institution or Advisor

I understand that if I do not fulfill the requirements outlined in this agreement I may be required to repay part, or the entire CDA Scholarship amount and that my child care program might become ineligible for future CDA Scholarship funds.

Child Care Program Owner/Director Signature

Date

CDA Scholarship Applicant

I affirm that

- I have a minimum of 90 days work experience at the facility where I am employed **AND**
- I have completed **ONE** of the following five (5):
 - CCOT (Child Care Orientation Training)
 - Arkansas Children's Program Administration Orientation (ACPAO)
 - Early Care and Education DIRECT
 - Family Child Care Provider Orientation
 - Secondary Child Guidance, Management and Services(Attach documentation to the completed application.)
- I affirm that I am able to read, write and comprehend written material and am able to follow oral and written instructions.

By signing below I agree to do the following:

- Arrange with the Owner/Director of the child care program a satisfactory work schedule in order that I may attend classes
- Plan with the Director/Owner ways to implement in my classroom what I have learned in course work; for example, arrange my preschool classroom into learning centers

Attachment B, continued

- Attend a minimum of 120 clock hours of CDA course work at the CDA Institution identified on the Scholarship Application
- Complete all assignments as required by the Instructors
- Complete all required CDA documentation for Assessment as outlined by the Council for Professional Recognition
- Make application for CDA Assessment to the Council within 120 days of completion of the required 120 clock hours of course work and documentation for Assessment.
- Complete the CDA Assessment Process which includes participation in the CDA Verification Visit by the Council Representative
- Send a copy of my CDA Credential, upon receipt, to the DCCECE.

I understand that by accepting the CDA Scholarship I may be required to repay part or the entire CDA Scholarship/Assessment amount if I do not fulfill the requirements as outlined in this agreement and the CDA Scholarship Application.

CDA Scholarship Applicant Signature

Date

Division of Child Care and Early Childhood Education

The Division of Child Care and Early Childhood Education agrees to do the following:

- Notify program owners/directors, employees and institution of approval or disapproval of Scholarship applications
- Provide CDA Scholarships for approved students with scholarship to be paid to approved Institutions in the amount **(not to exceed \$800.00)** agreed upon by the Division and the Institution
- Inform Child Care Programs in which Scholarship recipients are employed of the opportunities available to apply for grants for purchase of materials and equipment
- Encourage Owners/Directors to check out materials from the Resource Center to use as a support for employees who are CDA Scholarship recipients
- Accept and investigate any complaints and to help resolve problems that occur with programs, students, Institutions, Instructors and Advisors
- Obtain information from Institutions regarding completion of course work by CDA Scholarship recipients

DHHS Division of CCECE Representative Signature

July 1, 2006
Date